

P84-0529.(02)
S22.1

ATTITUDES TO WORK

by

Dr. Marie Jahoda

1-24-535 (91)
A-125
-
UTL
S22.1

ATTITUDES TO WORK

by

DR. MARIE JAHODA
PROFESSOR of PSYCHOLOGY
UNIVERSITY of SUSSEX
BRIGHTON, ENGLAND

The second Nettie Douglas Fidler lecture, October 22, 1965, presented at Cody Hall, University of Toronto.

This lecture was established by The University School of Nursing Alumni to honour the contribution to Nursing by Nettie Douglas Fidler, Director 1952-1963.

The purpose of the lecture is to bring to the University from time to time distinguished lecturers in Education, Humanities, Social Sciences and Nursing.



Digitized by the Internet Archive
in 2018 with funding from
University of Toronto

ATTITUDES TO WORK

Marie Jahoda

I am fully aware of the distinction you have conveyed on me by inviting me to give this lecture in honour of Miss Fidler. From the few facts I know of her life I feel I might have done most justice to the title of this lecture by trying to understand her way of work which, I am sure, must have inspired many of you. Alas, there was no opportunity for this; and for all I know she would have taken a poor view of being exposed to a social-psychological analysis of the full complexities of her life. Yet I venture to hope that I might have persuaded her, had the opportunity arisen, to co-operate in such an effort. For she surely would not share two widespread misconceptions about social psychology. One, that it always deals with other people, not with ourselves; and the other, that social psychology by definition, is concerned with many, not with the individual.

I will try, at least implicitly, to refute both these notions. But before I proceed to my proper topic, let me thank your organization for this opportunity to put some ideas to you, and particularly for permitting me, an outsider to the nursing profession, to talk to you about a topic relevant to all working situations not just to nursing, about which I know all too little.

The meaning of work in human life has preoccupied man throughout history. Religious thought and political ideologies have presented work as curse or salvation, and all of us have experienced it on occasions as one or the other, or both. In these days, when talk of automation and, more fancifully, of robots taking over most of our daily chores, preoccupies much public attention, and the question of what man will do with his leisure is expected to be a serious social problem in the future, work assumes a new significance as one of the potentially scarce goods of this world. Personal experience makes it hard for me to share these fears of the future; and the nursing profession, I am sure, can postpone the worry about redundancy safely, for the next century or two, even though they may in a shorter time perspective profit in terms of increased prestige because they belong

* Nettie Douglas Fidler Lecture, Toronto, October 22, 1965.

to the happy few who need not fear lack of work. In the immediate present virtually all occupations are much exercised about attitudes to work, which are rightly regarded as a major factor in output and productivity, in many conflicts in a work situation, in the fight against poverty here and in the less developed countries. But to blame somebody or other's attitude to work for any difficulty which arises in any work situation does not solve a practical problem, let alone lead to clarity of thought about attitudes. To achieve the latter, if not the former, I propose, it is necessary to ask what is known in a systematic fashion about attitudes to work and crystallize, if possible, from such knowledge a way of thinking about them which may help in practical situations.

A staggering amount of research has been done on people's attitudes to work in many countries. Much of this empirical effort has been concerned with discovering who likes and who dislikes his work, what reasons are given for either feeling, how positive or negative feelings are related to performance on the job, and occasionally with the conditions which promote work satisfaction or high performance. Let me give you a few examples of the empirical findings in this area. The most encouraging, perhaps also the most surprising, finding is that the vast majority of people like their work, whatever their occupation. In a nationwide sample of employed men in the United States Gurin et al. (1) found the following proportions satisfied or even very satisfied with their jobs:

Professional persons	83%
Managers and Proprietors	80%
Clerical workers	61%
Sales personnel	68%
Skilled workers	76%
Semi-skilled worker	75%
Unskilled worker	65%
Farmers	80%

To be sure, there are some differences between these groups. But the fact remains that at least two-thirds of the adult American population express job satisfaction. Nurses, as we shall shortly see, are one of the most satisfied groups.

When one looks at studies which are concerned with the reasons for satisfaction or dissatisfaction, several independent investigations emerge with the same picture:

satisfaction and dissatisfaction are apparently not the two extremes on one continuum, but are experienced for different types of reasons: dissatisfactions are, as a rule, attributed to extrinsic conditions of work, not having much to do with the job itself. But improve these conditions and what you achieve is absence of dissatisfaction, not job satisfaction. Job satisfaction comes largely from a person's involvement with the actual task and his sense of adequacy for what he is doing. Herzberg et al. (2) have demonstrated this beautifully with a group of middle managers in industry using a method known as the critical incident technique. Gurin and his colleagues, quoted before, have found much the same, although they talk about it in a slightly different terminology.

The relation of work satisfaction to work performance is a fairly complex matter. Early findings and assumptions by some social scientists that the most satisfied worker produces the best results have now been demonstrated to be wrong. Studies conducted by a team from the University of Michigan have shown that, at least among clerical workers, there appears to be no systematic relation between performance and satisfaction; and some recent and as yet unpublished, research material in England even suggests that a bit of dissatisfaction may go together with better performance. The earlier fallacy probably stemmed from the intention of providing a rationale, in terms of greater profit, for managerial interest in their workers' morale. I am afraid that however highly we value the job satisfaction of workers, we cannot justify actions to increase it in terms of a proportional increase in industrial efficiency. We must value it for its own sake. Actually, Taylor whose studies led to the famous system which bears his name - Taylorism based on time and motion study - knew very well how complex the relation between satisfaction and performance was. In his diary (3) he made the following notation:

"It's a horrid life for any man to live not being able to look any workman in the face without seeing hostility there, and a feeling that every man around you is your virtual enemy." He wrote this after he had achieved a then almost incredible level of productivity and increased the worker's earnings by 60%!

The last question on which the research literature contains some interesting findings - the question as to how conditions external to the actual task affect satisfaction

and performance - has been tackled in a variety of ways. For example it has been shown that if a work group consists of people who are friends outside the work situation, absenteeism is lower than when they are stranger; or that when people are participating in discussions about the introduction of organizational or technical change in their work, they adjust to that change faster and better than when it is imposed on them without consultation. Many studies in this area interesting though they are in themselves, suffer from the fact that they are unrelated to each other; they present small islands of knowledge in a vast sea of ignorance about the work situation, without bridges from one to the other, let alone a systematic framework within which all the investigations on attitudes to work make coherent sense. Social psychologists are quite frequently in such a situation. There is only one way out of it: to stand back for a time from the interesting but isolated bits of knowledge which are available in the research literature and search for a more general, more formal, more theoretical if you will, formulation of the basic issues: what are the concepts, ideas and approaches that may help to make coherent sense out of the many interesting but isolated research findings?

In my own work I have often almost despaired of achieving such a more general formulation about attitudes to work. Yet I have been able for many years to continue the search, strengthened by an almost casual remark that Freud made in a footnote in his book Civilization and Its Discontents (4) about the meaning of work. He said that work was man's strongest tie to reality. On the level of insight into basic human needs, this aphorism appears to me to be truly profound. If you consider the various groups in a population which are without work, many of their peculiar psychological problems can indeed be understood as produced by having lost an important tie to reality. The psychological problems of the unemployed, of many persons when they retire, even of the millions of women whose children no longer provide an unending source of work and who suffer emotionally, are appropriate examples. Heinz Hartmann (5) in his development of Freud's work has distinguished three ways in which we can and need to know about reality: first, there is the objective way, the opportunity to realize that one's actions

have consequences, which stems from the exercise of one's skill and competence. Work certainly makes this possible. Second, there is the sharing with others of beliefs, values and ways of responding to the world - a tie to reality which is not based on objective testing but gets its validity from realizing that man is above all a social animal. Those without work lack much of the daily confirmation which we all need of being part and parcel of collective existence. And third, there is the reality of our immediate experiences, which is enriched and varied in work, impoverished and monotonous without it.

If one applies these metapsychological and theoretical ideas to any particular work situation, it becomes of course necessary to inquire whether the reality provided by a work situation is one that makes the need to feel tied to it pleasant or unpleasant. There is, indeed, in every strong need the possibility of what psychologists call a 'double bind' which often presents an intolerable dilemma for the individual caught in it. A 'double bind' is a situation in which two strong but incompatible demands are made simultaneously on the individual. It is a 'heads you lose, tails I win' situation. If a father says to his son 'you may do what you like as long as I agree with it', he may have caught him in a double bind. If a man or a woman needs the tie to reality that stems from a structured work situation, but this situation is in itself intolerably difficult, they may be in a double bind. If a young nurse in her training is told that responsibility for her actions is the supreme virtue of her profession, but also told that absolute obedience to every rule and every word spoken by her superiors is required, she may find herself in a double bind.

In nursing, the possibility that double binds occur which make the reality of the work situation difficult to take is perhaps particularly high because of another fact: nursing as a profession is chosen at a relatively early age by the large majority of girls. Merton and his colleagues (6) report that the median age at which this decision is made is 14, in contrast to non-nursing students who decide at about 17 years of age. From all we know about early puberty, the 14 year old who selects nursing is most likely moved by thoughts and feelings which have little to do with the actual situation in which she may find herself a few

years later, Now it is, of course, true that many major life decisions are made before the individual's compatibility with the real consequences of his choice can be known; but the special emotional state of early adolescence makes people probably particularly insensitive to the hard facts of life against which their dreams will have to be measured.

However, the point I wish to make in emphasizing Freud's notion of the meaning of work for man and the idea of the double bind is that attitudes to work are firmly anchored in the needs of individual personalities. They are intertwined with past experience and present situations; they involve the individual in a total fashion; they have many attributes and ramifications; they are linked to basic needs and aims; in other words they are such complex internal organizations that many of the current methods to ascertain attitudes appear unsuitable for task, for they consist of presenting an individual with too crude an oversimplification, say a scale of seven formulated positions, if possible in a strictly hierarchical order predetermined by the researcher, and asking him to choose one of them as representing his own attitude. These methods have the great advantage of relative simplicity and of fitting various mathematical models, two assets which are indeed not to be despised. But against this stands the fact that they do not do justice to the fully psychological complexity of attitudes, and are, therefore, only a very rough guide to solving problems which arise from attitudes to work, either on the theoretical or the practical level. Even studies which go beyond the idea of a unidimensional scale and investigate various aspects of attitudes often emerge with inconsistent findings which leave one baffled about their meaning. To illustrate this point, let me quote you a few studies concerning the profession of nursing, which surely must be one of the most thoroughly studied professions in the world. This I take from Simmons' and Henderson's excellent book Nursing Research (7) which contains bibliography of more than one thousand studies of nursing. As you will see in a minute these investigations are truly interesting, even though they leave the problem of where one goes from

there unanswered. The authors quote, for example, Bressler's and Kephart's (7) survey of Pennsylvania nurses; they arrive at the conclusion that "nurses are convinced that their choice of a profession was a wise one. The overwhelming majority have no desire to be in other work". But another study mentioned in the same book and done in Ohio by Bullock (7) describes the nurses' image of their own profession as follows: "a regulation-ridden position that requires obedience and uncomplaining acceptance of orders and criticisms in the execution of a function thought to require exceptional degrees of precision and exactness"; nursing as an occupation is described there "as intellectually narrowing and affording less than average opportunity for a satisfying life when not professionally occupied". It is true that the same study also arrives at the conclusion that nurses who expressed greater work satisfaction had a somewhat more favourable image of their profession than less satisfied nurses. But the fact remains that the two studies come to very different conclusions, and, unless one takes the position that nursing in Pennsylvania is a very different job from nursing in Ohio - which I find hard to believe - you take your choice as to what nurses really think about their work.

As far as I can judge, both studies were competently done. They used, of course, different methods and somewhat different criteria for inferring attitudes. But if the results of social psychological research were indeed nothing but a function of the actual questions and techniques used to obtain them, research would be no more than a sort of game psychologists play for their own amusement, inventing rules that suit their inclination and demonstrating that the rules have logical coherence, just like a game of chess, without any bearing on the real world in which we work.

Fortunately, the situation is not quite so desperate. What we need, and what is already available in some current psychological thought, is an approach that takes note of the full psychological complexity of attitudes, of their relation to the real world in which they are displayed, and nevertheless remains on methodologically sound ground.

Within and without the field of nursing research the most constructive step forward has been taken by those who realize that attitudes are not narrow and rigid positions which the individual maintains whatever his physical and social environment, but that they have what the Sherifs (8) call 'latitudes', that is a range of more or less possible positions which will come into play depending on external influences, and that the most fruitful question to ask about attitudes to work is not what they are in vacuo, but what the conditions are under which one or other attitude to work within an individual's tolerable range is brought to the fore. This type of approach starts with an analysis of the psychologically relevant aspects of the work situation and proceeds to an inquiry of whether and how variations in the situation are related to variations in attitudes to work. This, if I may remind you, is in line with what I said before about work meeting our need to be tied to reality and with the idea of a possible double bind in the situation.

Now there is much evidence to support the notion that the most significant situational factor in a nurse's job is her relation to other nurses up and down the hierarchy within her actual work situation, and to other members of the medical team.

The nature of the nursing situation in the hospital appears to require that nurses both know precisely their own highly specific function within the medical team and yet be ready to step out of the role, if the care for the patient requires that they act as if they were a domestic helper, a nursing aid, a clerk or sometimes the doctor. Bullock (7) found in his survey that more than half of his sample of nurses performed at least occasionally nursing aid duties, an equal proportion at least occasionally doctors' duties and all of them duties of ward clerks. And when he related work satisfaction to whether or not a nurse reported that she thus stepped out of her professional role, he discovered that the less satisfied nurses reported more of both doctors' and clerks' duties. Some such overlap of functions in caring for the sick may be inevitable in the hospital situation. It certainly is

the case in many other work teams which include persons of different skills that rigid boundaries make the common task more difficult to fulfil than where overlaps are tolerated. From Bullock's work one may, however, infer that there is a limit to the extent that nurses can adopt such a task orientation. Perhaps their own professional identity is not well enough established during their education to help them feel secure in their roles much less withstanding excursions into others, or perhaps the management of some hospitals is such that the demands made on nurses are indeed incompatible with maintaining professional identity. Whatever the case maybe, the actual interpersonal situation of the nurse in a team is a difficult one, and I believe - though I realize I am on dangerous ground in saying so - that the perhaps excessive concern of nursing organizations with their professional status is the result of neglecting in the education of nurses as well as in the organization of their work appropriate concern with the interpersonal situation. When Bressler and Kephart (7) report, for example, that well over 90% of nurses say that practical nurses should not be permitted to wear the same uniform as they do, one cannot help feeling that this virtually universal concern with external status symbols betrays a fundamental insecurity. Judging by another study, also included in Simmons and Henderson (7) and conducted by Ford and Stephenson, doctors agree with nurses about the undesirable dilution of the nurses' proper task. They found that almost 90% of doctors agreed that "nurses spend too much time in administration and clerical tasks and not enough time in doing bedside nursing". However, before you jump to the conclusion that these doctors fully and benevolently sympathize with the nurses' professional concerns, let me tell you that in the same study more than 60% of the doctors agreed that one of the problems with nurses was that they wanted the prestige of professionals but the hours of organized labour!

While these and many similar studies all indicate widespread awareness of the fact that attitudes to work are affected by the structure of the interpersonal environment in which work is performed, they do not yet indicate a systematic way of understanding an interpersonal situation, nor have they yielded evidence on the usefulness of doing so. Let me, therefore, try to describe to you some

work being currently done in England which may make a significant contribution to the solution of these problems.

How can one understand in a systematic way what happens in an interpersonal situation? People communicate with each other, and of course not only verbally. What they perceive the other person to say, think, feel or wish is not necessarily identical with what the other actually does say, think, feel or wish. The confrontation of these perceptions of the same situation by two individuals is much more revealing than the mere assessment of the two persons' attitudes in isolation. An example from Revans'(9) work will quickly illustrate this. He asked senior and junior nurses in the same hospital why so many student nurses left prematurely. The seniors said because pay was inadequate; the junior because they resented the domineering attitude of the senior nurses.

If you find this as revealing about the relation of the two types of nurses in the work situations as I do, you will, I hope, bear with me if I briefly describe to you some exciting new ideas and methods relevant to the deeper understanding of what occurs psychologically in the relation of two persons to each other, even though they do not immediately refer to work. These ideas and methods originate with Laing and Phillipson, (10) and will shortly be published in book form.

Stemming from painstaking observations of schizophrenic patients in their family situations these authors have formulated in a systematic way the study of interpersonal relations on three levels of which all of us are somewhat at least occasionally aware in our daily life experience, but which have so far lacked a systematic approach for studying them. Imagine the situation that exists between a nursing student and her tutor. These two people will respond to each other first in terms of their direct and overt interaction. If the sister explains something to the student or points out a mistake the nurse will respond in one of several obvious ways. But both of them will be influenced not only by what the other actually says in so many words. Inevitably, in any situation involving prolonged contact between two people each is affected not only by what she thinks about the situation, but also by what she infers the other thinks and feels, and by what

she thinks the other thinks about her own thoughts and feelings; and so on in a virtually unending spiral of reflections of each person's view of the other person's view of his view of the other's view. As this sentence indicates, our language is hardly suited to deal with all these receding perspectives. Yet, if you take the paradigm of an incipient intimate relationship, that between lovers, you may find in your own experience evidence that in that situation in which one's sensitivities are usually heightened, virtually everyone is aware of at least 3 perspectives. They love each other; but neither may credit the other with such feelings. And while the boy may think that the girl knows how he feels, the girl may feel that he does not realize her love. On the first level, nothing could be simpler: she loves him, he loves her. But in love, or work, nothing is simple. In the example, neither understands the feelings of the other. And on the third level, while the boy wrongly thinks he is understood, the girl correctly believes she is misunderstood. I leave it to your imagination to develop the consequences of such a situation. Laing and Phillipson call these three levels direct agreement or disagreement; understanding or misunderstanding the other's position in the situation; and realization or failure of realization of being understood. What actually happens in the situation is to a large extent a function of the specific form these three levels or perspectives assume for each partner in a given situation. This is not the place to go into the technicalities of the method they have developed to assess these levels. Let me just say that it is reasonably easy to learn and apply the technique. I want to suggest to you that these ideas and methods applied to the nurse's work situation may yield a more valid picture of what enters into her attitudes to work than more simple techniques which ignore the interpersonal situation. It is just possible that a sister and a student, or a doctor and a nurse might actually see eye to eye with regard to an issue affecting their work relationship but that neither understands the other's position as being identical with his own nor feels understood. I am sure you will agree that such a situation may not be conducive to the best performance in the common task.

To return to Revans' work in English hospitals: although his methods are very different from those used by Laing,

he, too, is convinced that it is the interpersonal situation which is a major factor in shaping nurses' attitudes to work. In a series of ingenious investigations of a fairly large number of hospitals he has demonstrated that the attitudes of senior nursing personnel are related to behavioural indications of good or bad attitudes in junior nursing staff and, what is of even greater importance, that these attitudes affect the well-being of the patients. In essence, his method consisted of comparing varying indicators of attitudes and effects of attitudes in a number of hospitals, each with about 400 beds, of a similar type and situated in comparable towns. He found that in these comparable situations the wastage rate of student nurses varied from 10% to 50%. The frequency of illness among student nurses was found to be greater and their illnesses lasted longer when they worked in some hospitals than it was when they worked in others. Furthermore, he showed that in the hospitals in which the large student wastage rate occurred, ward sisters too on the average, stayed for less than 3 years, even though they had had much longer work periods in their previous job records. On the other hand, in the hospital in which wastage was as low as 10% ward sisters stayed on the average eight years. But perhaps his most dramatic finding is that patients with comparable illnesses such as appendicitis needed more days for recovery in those hospitals in which his indicators of staff and student attitudes were negative than in those in which they were positive.

I am coming to the end of my lecture. Permit me to recapitulate the main points of my argument which, I realize only too well, may not have been as convincingly presented as they should have been.

Here they are:

1. In nursing as in other occupations unsatisfactory attitudes to work are often blamed for many of the difficulties which arise; but not much is achieved either theoretically or practically by such a diagnosis. What is more, the diagnosis itself is in question. Simple measures of attitudes to work show that positive feelings about one's work are the rule in most occupations, certainly in nursing.

2. There is a vast literature research on attitudes

to work which, unfortunately, contains many inconsistent findings and gives little, if any indication for the solution of practical work problems.

3. The lack of cumulative and usable knowledge may well be a consequence of the fact that many studies have taken too simple a view both of the nature of attitudes and of the meaning of work for man.

4. Freud's aphorism that work is man's strongest tie to reality leads one to assume that work not only meets an economic need but also a basic psychological need. At the same time his remark directs attention to the real work situation in which people operate.

5. In nursing (and similar situations prevail in many other occupations) a necessary aspect of the work reality is the nurse's required interaction with other nurses or other members of the medical team as an essential part of her job, and not as a pleasant or unpleasant by-product of the work situation. These relations often appear to be the cause of difficulties. It is reasonable to assume that the nature of the relation between two members of a work team brings to the fore one or the other facet of their complex attitudes. Most studies of attitudes to work use techniques which are unsuitable for detecting these factors. As a result, not very much is known about these important relationships.

6. There exist some relatively new approaches to the study of interaction between people, one of which (Laing's) marks an advancement in general understanding, the other (Revans') having direct application to the nursing profession.

7. However, neither of these new approaches uses the concept 'attitude' in a conspicuous way. Thus, the final conclusion at which I have arrived is that in practice and in theory we must learn to ask new questions about human behaviour at work before we can hope to tackle attitudes to work anew.

Conventional attitude research is both relatively simple and relatively fashionable. But its results rarely if ever have led to more than an interesting insight into a situation. If research is to be more than just a glamorous gloss on the profession of nursing and more than the mere application of a technical skill, it must go beyond common sense concepts and must pursue

ideas and methods in the direction in which they lead by their own inherent logic. If, as I have tried to argue, attitudes have meaning only when they take the full complexity of the individual and of his interdependence with others in a real work situation into account, then the simple attitude scales will not do, however impressive the statistics that can be derived from them.

Those of you who are responsible for the education of nurses and for the organization of work in hospitals - that is, those who shape the reality of nurses' work - must permit social scientists to become part of that situation and, in cooperation with you, attempt to understand it in an effort to change it. Social psychologists, on the other hand must stop regarding the college student as the representative of mankind who confirms all too readily contrived theories which have no bearing on reality; they must take seriously their basic task of understanding man in interaction with his actual social environment, a task to which all too many have been paying theoretical lipservice only.

If these conditions are met, then it is just possible that social psychology will, one day, make a significant contribution to shaping the work situation of men and women in such a way that they have a chance of deriving from it dignity, pleasure and personal fulfilment.

BIBLIOGRAPHICAL NOTES

- (1) Gurin, Gerald and others. Americans view their mental health. New York. Basic Books, 1960. 444 pp.
- (2) Herzberg, Frederick and others. The motivation to work. 2d ed. New York, Chapman & Hall, 1959 157 pp.
- (3) Quoted from Brown, James A.C. The social psychology of industry. Harmondsworth, Middlesex, Penguin Books, 1954. p. 14.
- (4) Freud, Sigmund. Civilization and its discontents. London, Hogarth Press, 1930. 144 pp.
- (5) Hartmann, Heinz. Notes on the reality principle. In Psychoanalytic study of the child, v. 11, 1956, pp. 31-53.
- (6) Merton, Robert K and others. The student-physician; introductory studies in the sociology of medical education. Cambridge, Mass., Harvard Univ. Press, 1957. 360 pp.
- (7) Simmons, Leo W. and Virginia Henderson. Nursing research; a survey and assessment. New York, Appleton-Century-Crofts, 1964. 461 pp.
- (8) Sherif, Carolyn W. and others. Attitude and attitude change. Philadelphia, Saunders, 1965. 264 pp.
- (9) Revans, Reginald W. Standards for morale; cause and effects in hospitals. London, Oxford Univ. Press, 1964. 134 pp.
- (10) Laing, Ronald D. and H. Phillipson. The dyadic relationship. To be published by Tavistock Publications, London, 1966 (?)

